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FEEDING PATIENTS

AGAINST THE

APPETITE.

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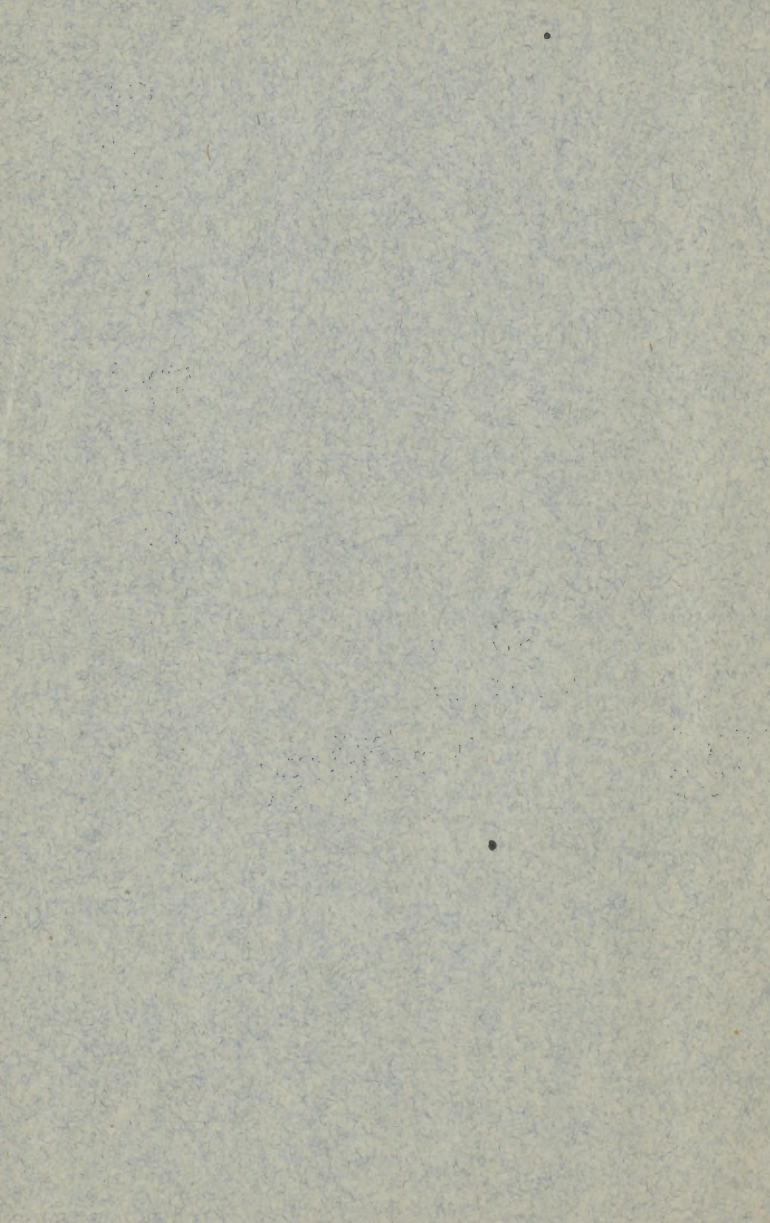


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FEEDING PATIENTS AGAINST THE APPETITE.

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INTRODUCTION.

THE writer feels a deep interest in the subject, since for a long time it has formed a large part of his professional work to administer food *against* the appetite. He is not alone in his experience. Others have saved and are now saving life which would have been or would be lost were the appetite for craved food yielded to. The profound student of foods sees with some concern the popular and professional judgment as to the value of a food relegated to the appetite alone. Were the appetite natural and uninterfered with, only those articles of food would be selected that are natural. For instance, healthy mammals seek the mother's breasts as soon as born, and if the mothers are healthy they furnish healthy nutriment to their offspring. If, after the period of suckling, the mammal is furnished with its natural food in normal condition, the appetite is for normal food and no other.

These things are understood in the cases of dogs, horses, birds, and fishes; but curiously, man, though endowed with history, literature, science, and art, and though called the *highest* of all animals, does not have and enjoy the selection of food as the animals named do. Ethics and æsthetics come in and decide what food is proper for man, and keep

man so long on them that the appetite becomes perverted and swayed off from its normal bias.

The art of preparing food is left to the lowest class of unskilled laborers. It is considered drudgery to work in a kitchen, though its processes involve procedures, chemical and physical, which no scientist has yet been able to explain. Count Rumford treated the science of cookery with proper respect, and the world must be brought to look on this subject with the same respect before civilization yields its deference to the illiterate, uneducated, unscientific, and nameless French cooks, who set the fashions in cookery as their countrymen do in dress.

It is gratifying to note the interest in the subject of food on the part of medical men, and it is hoped that this interest will continue, as it is a known axiom *that each animal, in order to thrive—other things being equal—must have its natural food.* It is also very strange, at first sight, that mankind is not yet, after so many thousand years, decided as to what constitutes man's natural food. Diverse and conflicting opinions are current. It would seem that a definite subject which involves the attention of each individual of the human race three times a day during life ought to be thoroughly understood. But we find the same uncertainty as to law and conflict of opinion as to agriculture, politics, and commerce. So that the views here presented are not expected to receive the unanimous support of those who read them. Doubters are entitled to respect, but when they announce their disbelief of the *facts*, their opinion is not entitled to equal regard unless they have thoroughly worked up the subject and are familiar with

its facts. But if the doubters announce a disbelief, without any investigation of or experience with the matters in question, disbelief cannot in any way alter truth when testified to by two or more witnesses. Set aside this principle, "that in the mouth of two or three witnesses every word may be established," and the foundations of law and order are abolished.

The writer would add that he would have left out so many references to diseases could justice have been otherwise done to reader or subject. All that is given seemed necessary for the lights and shades of the word-pictures to bring out the main feature of the presentation—*the therapeutic value of food*.

ESSAY.—STATEMENT OF POSITIONS.

In its widest sense food includes the air we breathe, the liquids we drink, and the aliment we eat. As all persons, sick or well, must breathe, of course air food must be excluded from consideration, though the relation of fresh, open air to appetite for liquid and solid food is well known and understood. Open air of the mountain, lake, seashore, forest, plain, and desert has been known to give an appetite when everything else has failed.

But we take it that the subject here is the therapeutical value of liquid and solid food given against or beyond the desire or craving of the sick person; or, in other words, does liquid and solid food, given against the appetite, cure or aid the cure?

To avoid repetition, please consider "food" here to mean *solid* or *liquid* food, one or both; a "patient" to be a sick person; and a "cure" to mean not only "cura," a *care*, but a restoration, in the ordinary sense, to health.

It will be our aim to show that food has a therapeutic value when administered *against*, but not *beyond*, the patient's appetite, by direct evidence, based on actual cases that have come under our personal observation, and by reasoning, based on these cases, drawn from anthropological natural history and clinical observation.

POPULAR IDEAS ABOUT GIVING FOOD AGAINST THE WILL OF THE PATIENT.

It may not seem dignified, in an essay like this, to allude to popular views, but the practising physician knows well what a tremendous popular influence he encounters when trying to give food against the appetite. Naturally the situation attracts sympathetic people, and it is right that sympathy should be extended to the sick. Hence good ladies and others deem it the highest expression of their good fellow-feeling to bring something for the patient to *tempt* the appetite to *eat*.

Singularly but commonly the patient can be induced to eat things thus brought without his knowledge or arrangement. The appetite is surprised into action by these neighborly offices; but how often it proves that the food thus given is directly opposite to what the physician may have prescribed! "This won't hurt you, I know. It cured Jane Blank. I have eaten it, and it did not do me any hurt. It tastes nice and it smells good. It looks elegantly. It will feel real nice in the mouth. Take some." "But the doctor says I mustn't," replies the patient. "Oh, never mind; you take it and say nothing about it." And generally this sympathetic pleading prevails.

So it may be said that the popular view of our subject is an æsthetic one—a view that includes a desire to gratify the love of the beautiful *as relates to the taste of food*.

The writer is aware that the domain of æsthetics is limited by the authorities to the evidence furnished by the senses of sight and hearing. Now, without quarrelling with them, we submit that appetite is a *sense*. When for solid food it is called a sense of *hunger*; when for liquid food it is called a sense of *thirst*.

The senses of sight and hearing give simply the evidence that is furnished to these wonderful instruments of precision—the eye and ear: the eye that is able of detecting vibrations at least as high as 3,000,000,000 per second, and the ear that detects 40,000 vibrations per second. So that the senses of sight and sound are really employed in detecting forms of motion. Music is detecting by the ear *harmonious motions* of the air, and is capable of giving pleasure and being æsthetic. So of vision. When the motions are harmonious they form a sort of music for the eye as we have music for the ear. Now, in the composite sense, appetite combines taste, smell, sound, and sight, and seems to be æsthetic.

There are *motions* connected with the sense of hunger and its gratification; motions connected with vision, taste, smell, and touch. Take a hungry babe; let it hear its mother's voice, see, smell, and feel the mother's breast; the next thing will be to taste and to feed; and one of the pleasantest objects is a beautiful hungry babe suckling its mother's breast. The abandon, the entire devotion, the absorbing interest,

the perfect pleasure and satisfaction manifested show a height of æsthetic feeling rarely manifested in after life.

Take a hungry, tired hunter after a long day's sport, successful or not; let him return home and hear the crackling of the fat in the frying-pan, smell the aroma of the game pervading the house from the kitchen. Ask him about the æsthetics of music and painting, and he will say that he wants no better music than the sound of the frying-pan, no better æsthetic sight than the meal for which his hunger has prepared him. After he has fed he can attend to ordinary æsthetics. Now the popular, and indeed the professional, idea is entirely in favor of the *æsthetics of food*; that if a food is craved it should be given, other things being equal; and also in case of two articles of food allowed, one of which the appetite craves, the other not, that the verdict would be in favor of the former in place of the latter. To go further: should there be two articles of food in question, one of which the appetite *craved* and which was forbidden, and the other was allowed but the appetite was against, it matters not what therapeutical reasons were adduced in favor of the latter, popular verdict would say, "take the former and run the risk."

There are noble exceptions to this; still the physician who follows the instinct and pleasure of the mass of people with his diet-list will generally be more popular than one who holds to a strict regime, and the weight of opinion is in favor of giving food with the appetite. The most practical way to treat the subject is by giving cases that may throw light

on the matter as historical evidence or answering the question : *Has food any therapeutical value in cases where it had to be forced down by main strength, or by the influence of rational considerations, subjective or objective ?*

CASE I.—Locality, Washington, D. C. ; time, October 1st, 1862 ; man aged about thirty years, from Massachusetts, had been selling medals of identification to the soldiers in and about Washington. In this work he contracted typho-malarial fever, and was taken to Washington City, where he grew worse and was given up to die. Word was sent to his father-in-law, who was a physician, to come and care for him. A substitute physician was sent. On his arrival everything was found as stated. The disease was identified by competent medical consultants, and the unanimous prognosis was, fatal. Some marked features in the case were as follows : Absolute refusal of *food* and *medicine*. The patient had torn up two or three suits of underclothing and was with difficulty kept clothed. Jactitation, delirium, trying to jump out of a third-story window, noisy, troubled, distressed, hot, ugly to manage. The doctor specially sent became a nurse, and waited for his patient to die. But to vary the tedium he determined to see if food could not be administered in some way as a last resource. With difficulty he secured a coffee-cup of beef-essence, made by simply introducing two pounds of lean beef, chopped into one and one-half inch cubes, into a closed jar, placing this in a vessel of cold water on a stove, and gradually heating to boiling for two and one-half hours. The cooked meat steamed in its own juices was squeezed by twisting in a fold of a linen towel and the essence expressed. When the men of the house returned at night they were at first unwilling to aid in administering the essence, but by close pleading, and saying it would do no harm, five men seized the patient, who resisted with all his might upright in bed, one at each limb and one at the head with face held upward. The doctor got on to the bed, pried open the jaws and poured the contents of the cup into the mouth. Even then the patient refused to swallow the essence until the nostrils were closed, and then he

was let go. Either from the reaction from his violent struggles of resistance or from the absorption of the food he fell back exhausted, motionless, and passed directly into *a sound sleep of two hours' duration—the first he had for a fortnight*; the attendants were satisfied, and it was arranged that when he awaked more beef-essence should be administered. In one hundred and twenty minutes he, resisting as before, was seized and dosed as before. Certainly if there ever was a case in which food was administered against the appetite and will it was this. To cut the story short more food was similarly administered with similar good results, the patient resisting less and less until finally he took the essence with his own unaided or undirected powers. From being directly against the administration it came to be with appetite; convalescence came on in eight days, and in less than fourteen days patient and physician returned to Massachusetts. Here he made a perfect recovery, and is now, 1887, at the expiration of more than twenty-four years, largely and actively engaged in milling interests.

No medicine was given till convalescence, and this medicine was quinine sulph., so that this was a cure *against the appetite* by food alone. It is not affirmed that he could not have recovered otherwise. No one can say this, since there was no chance given; but it is certain that he received a quantity of nourishment enough to save life when it was despaired of, as shown by the unwillingness of those about him to do anything more for him.

Now what were the principles involved here that were acted on in the face of all reason, experience, and advice of the physicians and surrounding friends? They are worth explanation.

I. One reason was that the forcer of food in this case had recently returned from a tour among European hospitals and medical men, and the great importance of feeding in disease, especially in typhoid

fever, was impressed on his mind. Not that it was any specific instruction given him, but that the outcome of all he had observed and heard was the necessity of food in fever.

2. He remembered a case of typhoid fever at Paris which had been saved by feeding against the appetite of the patient, a circumstance not uncommon, so he felt this presented a good precedent.

3. It seemed to the food forcer that this man was starving, as he had not eaten anything to speak of for a fortnight previous to the forced feeding.

In fever, where food has not been taken, and where the vital forces have been working in exalted measure, it is natural to suppose that life is kept up by the consumption of the body tissues, and that when they give out life would become extinct.

The nerve tissues were considered especially exhausted as the jactitation, delirium, mania, and obstinacy showed.

If fed they would become quieted. This was proved correct by the sleep following the beef-essence.

4. Liquid food can be forced down when solid food cannot, as shown in cases of lunatics being fed with a stomach-pump through the mouth or nose when they would not voluntarily swallow liquid or solid food.

5. Beef-essence is a food easily taken into the circulation by osmose from the stomach, hence its adaptability in this case.

6. It was a last forlorn hope against impending death. It was thought better to force the case than have it die without. Probably this was the real motive in the mind of the forcer, "while there is life there is hope"—if not in medicine it might be in food.

7. After the first experiment there was no hesitation on the part of those about the case, and they coincided with the idea that the appetite must be ignored. Acquiescence was induced by the quiet sleep, the peaceful calm of the patient, added to the fact that he resisted less and less the more food he took.

8. The return of appetite showed that in this case the loss of appetite was due to loss of nutrition. This is paralleled in other cases. Excessive abuse of a sense may destroy it for a time: blindness may come from too much light; deafness by concussion of sound; paralysis by overuse, as in writer's cramp; and why may not hunger be destroyed by fasting too much or too long?

9. It should be added that the fever, sweating of skin, and all the symptoms of disease disappeared like magic in this case.

10. We think this case meets the subject squarely and fairly, and shows us as far as it goes that food has a therapeutic value administered against the appetite. It may be said this is an extreme instance. Granted; yet it should none the less be taken into account with the following cases:

CASE II.—Of administration of food under peculiar circumstances as to the article of food—alcohol; chronic erysipelas of right leg and foot, penetrating to the deep fascia, traveling upward beyond knee-joint; amputation of thigh at middle third; pulse, 140; diet, *one and one-half pints of whiskey daily for three months; complete recovery.* Before, during, and after administration the whiskey was distasteful, and no appetite was acquired for it. Mr. W., aged about fifty, was put into my hands by the late Dr. W. F. Stevens, of Stoneham, Massachusetts. He was a retired school-teacher, corpulent, and had chronic erysipelas of the left leg and knee-

joint. Deep incisions were made through the skin, and the inter-muscular fasciæ were separated by knife-handle and fingers to the bone in the foot and leg, strong ointments of sulphate of quinine outside, and strong tonics inside. In spite of this he grew worse; the disease extended beyond the knee; pulse, 140, feeble; no appetite; but he could take whiskey, though against the appetite. It seemed to agree with him, and was kept up for three months. The quantity consumed was one and one-half pints on an average daily for ninety days. This he, his son, and his wife testified to since. During this time the writer amputated the thigh at its middle third, flap operation. The pulse 140. It was understood by all that the patient might die on the table. Still he went through well. A large amount of flap was left, but it sloughed, and the femur protruded one inch, necrosed to a definite line transversely. A second amputation was made by separating the bone from its surroundings with chisel, fingers, knife-handles, etc. With an artery needle-holder a silk thread was passed around the bone, attached to a chain-saw, by which the dead bone, with an inch of the sound bone, was cut speedily off; the stump was readily covered, as none of the soft parts were removed. There were some blood-vessels tied, and afterwards a ligature came off a deep artery, which had to be tied by lamp-light after all assistants but one had gone. The recovery was entire. Alcohol was the only food used. The medical profession has been reprimanded by temperance people for making drunkards by prescriptions of alcohol. It would seem here was a case to the point, for it was the largest amount of whiskey for the longest time (ninety days) I have ever given, though I have since heard of toppers taking two quarts, and one gallon of whiskey, daily. But Mr. Waite, our patient, contracted no appetite whatever for liquor; it was administered *against the appetite*, and could not be tolerated at all after convalescence.

This case differs from the first case above in the fact that intelligent coöperation on part of patient aided in the cure. His relation shows also that alcohol was a food in this case, and was not a poison, for

the patient lived fifteen years after the operation in good health, wrought hard with his own hands making horse-feed bags, which he had patented, and died from some acute disease at last.

CASE III. — Of uterine disease, in which food was administered against the appetite, when the case seemed desperate, and yet a recovery followed. Some years ago a middle-aged mother of a large family lay sick in bed of great grief at the loss of her last daughter, who died under peculiar circumstances. There were present cardiac hypertrophy, and insufficiency of the left auriculo ventricular valve—severe attacks of angina pectoris when it seemed that death was near. The objective lesions other than these named were retroversion, engorgement, hardening, eversion of the os uteri, and behind the uterus four small, hard, marble-like tumors; very severe pain, sharp and stinging in the pelvis mostly; profuse vaginal discharge, not bloody; menorrhagia. Added to this there was loss of appetite so complete that everything in the nature of food was loathed, even milk being repulsive; loss of flesh and strength, being unable to rise erect for ninety days; inability to lie on either side for most of the same time; nausea; legs cold and sweaty up to the knees; oft-times great stomach distress, with wind colic; urine high colored and of a rank smell as if putrid; bowels constipated; a terrible feeling of nervous restlessness, causing her to move her feet rapidly up and down in the bed; visitors coming and assuring her by their looks and actions that she was about to die. Added to this there was cancer in her family: her father having died of cancer of the stomach, and a maternal grandmother of cancer of the breast. She was put on general and local treatment, and it was faithfully carried out in connection with good nursing; but she gradually grew worse, until at the expiration of three months the symptoms were so alarming that I was obliged to take strong and decisive grounds, and to tell her, "You must eat, or die of cancer of the womb. Make up your mind to one or the other." She decided to live and to eat: eating *against her appetite*, but *with* her intellect and reason, and the advice of her medical

attendant. She began with tenderloin steak, broiled and cut up very fine. The most she could take at first was a quantity represented by two teaspoonfuls; these she swallowed by a desperate effort, her stomach rising against it. She was fed thus every four hours. Even after she had fed thus for weeks she felt she would rather die almost than eat, but battled *against* appetite by sheer force of will. The only way she could get down the beef was by swallowing one mouthful of lager beer, which was the only article which did not go against the stomach. The quantity of meat was increased gradually, and she was fed *two months against her appetite*. The nausea however left in about three or four weeks, and at this time she was able to move some, and was placed in a Cutter invalid-chair part of the day. After two months of feeding she was taken carefully to the seashore, and there she began to get an appetite, but it took one year before she could walk 500 feet.

No person could have eaten so thoroughly against the appetite as this case did, and it was only from the fear of death by cancer, whereof her father died, that made her struggle for life with all her powers. It was not death she feared, but the form of death from which she revolted with horror. This is rather difficult to understand, but it is none the less true.

The therapeutic value of food administered against the appetite in this case may be summed up as follows :

1. Heart normal in size.
2. Valvular insufficiency hardly perceivable.
3. Angina pectoris gone.
4. Uterine disease relieved, tumors disappeared, uterus mobile, discharges normal.
5. Urine clear as champagne, 1015 to 1020 specific gravity; no odor; no deposit on cooling.
6. Restoration to active duties in her position as housekeeper and mother of the family.

Medicine.—No medicine was given after the food treatment, save Hoffman's Anodyne when she had palpitation of the heart and suffocation of breath; the severe agonizing pain left soon after the diet was begun.

Remarks.—Had the notion that food does no good when not craved been enforced, this case would soon have died, humanly speaking. It may be well to give the reasons why this course was pursued, although at the risk of repetition. It does good to have repetition sometimes: a good dinner of chopped beef for example. It is of no use to expect that one shot will knock down the popular idea to give only food that the patient likes. It must take shot after shot, line upon line, precept upon precept.

Here was a life to be saved in critical circumstances. Prompt, decisive action, care, and perseverance were needed; hence:

1. Strong alternatives of life or death in the form named were forcibly presented. This brought things to a focus, and no thought was wasted on anything else but the eating of beef, or death.

2. Beef was selected, as it has been proved by experience and observation to be the easiest digested, the soonest digested, and, when digested, one of the best aliments for nutrition of all organs and tissues; in other words, beef is digested in the stomach. By beef we mean the lean, red, muscular portion. It osmoses into the circulation directly, and does not have to run the gauntlet of the large and small intestines. Moreover, the history of the herders of the South American pampas, the prize-fighters, oarsmen, walkists, and men fed exclusively on beef as a food,

show that no other food can be lived on exclusively for an indefinite period of time.

In 1825, Sir Francis Head, an English nobleman, visited the South American pampas, with a full retinue of servants, French cooks, etc., etc., making a retinue of thirty persons, so that he could live as he did at home; but seeing the robust herders, who were almost constantly in the saddle, so active and thrifty on an exclusive diet of beef and water, he tried it himself. When asked to give the result in his own language he said he could only say that he had such a feeling of elasticity and vigor that he could describe it only by the remark, "That he felt no exertion could kill him."

Now, why is this? We think, because it takes so little nerve force to digest beef and water, of itself making a saving of force, because it has less fermentation; hence, the system is not clogged by fermentation and its products; because it is a great nerve food; because it contains more strength, bulk by bulk, than vegetables; because it has, to repeat, stood the test of time.

Again, the service of lager beer should be noted. While it is our design to show that food administered against the appetite is curative sometimes, it by no means follows that when there is an article of food craved by the patient, which is on the list of permissible foods, it may not be given; or, that some foods which would be permissible might not be given as appetizers, just as we give pepper, salt, Worcester-shire sauce, celery, etc., etc. None of these would answer to make a meal on, but they may serve, as morning or mountain air, to help the appetite. In

the fearful struggle we have tried to depict the lager beer acted like words of encouragement to a person travelling with trouble. It did not remove the loathing of the food, but, by washing it down, created a *diversion* of the appetite so that the beef slipped down, just as a thief gets into a back door while his pal is diverting attention at the front door. Once in the stomach the food was assimilated. The drinking of hot water, according to the Salisbury plans, is much better than lager beer drinking, and is advised instead. As to the effect named on the cardiac disease, this may appear strange, but it is true, and were it not out of the scope of this essay, evidence in this respect would be submitted that could not be denied. If one reflects that our tissues are changing all the time with rapidity (Sir Lionel Playfair says seven months are enough to have a new body made in, which is entirely within the truth), what is there to prevent diseased organs being rebuilt in a healthy condition, especially when the system is fed on the best food for this purpose? Indeed, it may be laid down as a general principle that, when you *put the system into splendid order, the carpet-baggers of disease will have to go*. Only give the system a fair chance, and Nature will cure even diseases of the interstitial substances of deep-seated organs and remove even tumors. Such were some of the notions that actuated the medical adviser in this case. They may have been good or they may have been bad, but the grand result of a *cure by food* crowned the actions based on the motives given.

CASE IV.—To show how certain food administered *against the appetite* was followed by an appetite for everything, which,

indulged in, soon terminated the patient's earthly career. Mr. W., aged about fifty years, had been several years sick in consumption, as evidenced by physical signs and by rational signs. He had taken to his bed from weakness, profuse expectoration, cough, emaciation, night-sweats, entire loss of appetite for any food; was nervous, irritable, fretful, legs swollen and œdematous, ash-colored skin, with daily hectic fever, etc., etc. By much urging he was put on beef broiled, and kept on it, with tea and coffee, and what water he desired to drink. In the course of two weeks he had overcome his repugnance for food, so that he was ravenous for all kinds of food; indeed, he was almost crazy for them. In vain was it urged that if he ate as he did before he would lose his appetite and become worse again. He had improved so much that he was up and dressed, and walked out-of-doors and visited his aged mother on one of her birthdays. There was an entertainment in her house in honor of the day, in which starch and sugar were prominent elements. (When did ever you find an entertainment of a guest where there were not changes of cooking rung out on starch and sugar?) All urged him to eat. "This will not hurt you, it is so good. Never mind your doctor, we know more than he;" and thus he was induced to break orders, and to make the festival gotten up in his mother's honor an instrument of destruction to him; for, after this, he could not be restrained, but went madly on eating other than beef, and, losing appetite, all the bad symptoms returned, and death closed the scene not long after.

Remarks. An element in this case was the opposition and indifference of the wife of the patient. Notwithstanding that, after the expiration of a week, he exclaimed at his wonderful improvement, "I am a miracle," still she opposed the plan, and gave no reasons for it save *ethical* ones. Women are too much the slaves of fashion in food as also in dress. Precedent with this lady was law as to food. No precedent as to food was enough to condemn any new

system, no matter if frequent and constant death may have followed the manners and customs in eating adopted by the community to which the woman belonged. This patient then had to fight his own appetite and his wife and relatives. No wonder he yielded. The saddest thing about this is that these persons regard the fatal result as a proof of the inefficiency of the plan adopted, whereas, judging from other cases where the surroundings were favorable and the treatment has been faithfully carried out, numerous cures have been effected. Perhaps to get at the therapeutical value of the food in this case we should suppose that some one drug, like quinine, has been administered in place of food, and with the same result. None would have questioned the therapeutical value of quinine. It would seem that food administered against the appetite sometimes has a therapeutical value greater than the best tonic in the *materia medica*. Should not food, then, have a high place in the system of therapeutics?

CASE V.—*Of fibroid tumor treated by food against the appetite*.—Some years ago, Miss A. B., aged twenty-four years, was put on strict diet for her fibroid, which was of some years' standing, monolobed, interstitial, hard, invested the whole uterus, and extended beyond the navel. She ate beef mostly, with clear tea and coffee, and took a simple tonic. It *was much against her appetite*, but, as she was a woman of few words and of a determined will, and had confidence in her medical adviser, she persevered until the uterine fibroid had all disappeared, and she remains to-day in perfect health.

Remarks.—In this case the aversion was not so great as in the last one named, but it was enough to form a formidable obstacle; and but for her splendid

firmness of mind she would not have been cured. This is not a solitary instance, but a typical one. There is no doubt that fibroids are being cured, and have been cured, on this plan *which ignores the appetite entirely at first*; which, by persistent use of hot water, washes out the stomach, kidneys, liver, and intestines, and relieves them of their torpor; which feeds the ganglionic nerve centres, and so nourishes them that they perform the functions of laying down and taking up tissues in a normal manner.

It took more than one year to cure this case. When one considers the amount of work done, one year is a short time. It is not common to find such rare qualities of mind as were seen here. Ordinarily, the same results of complete disappearance are obtained by hard, persistent, and steady work, no oversight of the attendant watching the case in such a way as to detect the least variation from the diet as evidenced in the morphology of the fæces, urine, and blood.

It is very hard to continue on one kind of food for some time when the patient is what a common person would not call sick. It is feeding against the appetite when one article is eaten and all others are craved.

Here seems to be a double leverage on the case: (1) antipathy against the food eaten, and (2) desire also for other food. By close watching, by instruction, by authority, by medicines calculated to stimulate the glands of the alimentary canal, by baths, by change of air, and by encouragement from some, the case gradually improves through careful and persistent holding to the course, even when in the sub-

jective point of view it looks as if everything was going wrong, and only to be set right by eating just exactly the food under whose influence the diseased states were induced. Uterine fibroids are truly cases where the therapeutic value of food administered *against the appetite has been shown to be great*. It however generally happens that the appetite becomes converted, so to speak, under the plans named, and patients will tell "how good the beef is," and will eat more than one pound at a meal without injury, for the plan is never to go *beyond the appetite*. Under these circumstances there is no danger of over-feeding, the surplus going to the repair of unhealthy tissues after the other wants are supplied. See *American Journal of Obstetrics*, New York, October, 1877.

CASE VI.—Showing how patients are convinced, against their feelings and appetite, that they had better hold to this plan of eating. A middle-aged lady had a tumor in the abdomen that rose half-way to the umbilicus, and was about four inches in diameter. On the right side of back, from the second dorsal to the third lumbar vertebral process, muscles were indurated two inches wide and one inch deep. Uterine sound not passed. Diagnosis: fibroid with areolitis, possibly malignant; rheumatic pains constant. This case undertook the strict chopped, broiled beef diet, clear tea, coffee, and hot water, with lemons, celery, Worcestershire, Halford sauce, pepper, butter, salt. The appetite was strong for other articles of food, so that she ate against its cravings. Used iodoform gelatine vaginal capsules with absorbent cotton for topical application. Salicine, 12 grains, after meals; 1-20 grain sulphate of strychnine before. Ammonia baths; biniodide of mercury for liver; 1-16 grain tablet night and morning. The result has been that the urine is clear as champagne, free from odor, no deposit on cooling, 1020 specific gravity; the vaginal discharges diminished. Appearance, spirits, and appetite improved, so that now she is eating three

pounds of beef daily, and would eat more if her limited circumstances allowed her to do so. Still there are seasons in which she feels badly and gets discouraged, and it is then she is encouraged to hold on to treatment, because the *urine* and the vaginal discharges are improved.

It is a great thing thus to encourage a patient by such positive evidence. It enables the patient to hold on to treatment and the physician to hold on to the case, which needs a long, persistent fight to accomplish the work of cure. The probabilities of recovery are coequal with the persistence, the courage, and the holding up of the patient. The cure is done by *nature* through the food. The medicine and food are to put the system in splendid order, and then nature is able to take care of the "mobs" of tissue we call disease; but it is hard work for the physician as well as the patient.

CASE VII.—Where food was administered as a therapeutic in addition to ordinary diet, for a hypertrophied heart, against and beyond the appetite. In September, 1880, a man came to the writer, saying that he had had consumption for fifteen years; that all the doctors he had seen had told him he must die; that he had lived in momentary expectation of death for five years, but that he had been disappointed in not dying as predicted; that he had given up trying to die, and was going to live as long as he could; that he had had cough, expectoration, frequent hemorrhages from the lungs; that he had lost flesh and strength, and had just managed to keep at his work (harness-making), and that he had no idea of getting any benefit from *my services in a curative way, but that he simply wanted an examination, as he knew no one could do him any good*. "All right," said the writer. "No matter about treatment; it would be interesting to examine such a grave case as this one, that had survived so long in spite of such a decidedly fatal prognosis." The man was of dark complexion, pale, thin, intelligent, lively, and acute. It is hardly in place

here to go over the details of the physical exploration of the case, save to say that the diagnosis brought out cardiac hypertrophy, with a torpid liver and some bronchitis. The heart beat far beyond the median line to the right and beyond a perpendicular line let fall through the left nipple, and the cardiac dulness extended above the fourth rib. The impulse was strong and heaving, there was no valvular lesion, and the pronunciation and rhythm of the heart's sounds were normal. He was put on as much beef-essence as he could take beyond his usual food. Some medicine was given for the liver, and he was dismissed, in such a hazy condition of mind produced by the new diagnosis, and his pre-uttered decision "that nothing could be done for me," that I supposed he would do as others have done—strike a balance in favor of the larger number of opinions, and set aside my diagnosis and directions. At the expiration of six months Mr. H. surprised me by calling and saying that he had followed directions strictly, and though the beef-essence *went against* his appetite he had persevered, and increased the amount, so that he took the beef-essence of four to five pounds of beef daily. The most interesting part of his statement was, that he had had no hemorrhage since, save a very slight show, which had occurred a few days previous to this visit, and which, on examination, was found to be associated with a torpid and congested liver. He said his side over his heart "*had caved in*," and though I doubted it, I was compelled to agree with him, for there was a decided depression to be seen and felt at the left of the median line of thorax and below the left nipple, which did not exist before. The area of cardiac dulness was diminished; also (certainly, if the man's statements are to be believed, and I know no reason why they should not), food had exerted a tremendous influence for good in this case, judged by the physical signs present after its administration. It might be added, that he has continued on the plan more or less since; that he has given up the idea of his being about to die, though his wife has been loath to relinquish the idea of her husband's dying from consumption.

CASE VIII.—Where food was administered with good therapeutic effect for six months, when a revulsion occurred, and

the appetite revolted so much against the proper food that the treatment was abandoned, and death occurred after great hopes had been raised that recovery would be permanent. September, 1880, Mrs. H., twenty-four years of age, clerk in a dry-goods store, pale, thin, countenance expressive of suffering, eyes very prominent and staring; often catching a deep inspiration; spirits good, manner lively and interesting; severe cough and expectoration; fibres of lung in sputa, but no blood; night-sweats, frequent pulse, dyspnoea on exertion, throat sore and ulcerated, particularly on post-pharyngeal wall and pillars of soft palate. Physical signs of hypertrophied heart, without valvular lesion; a large cavity in upper half of left thorax; digestion bad, appetite *nil*, loathed all food; vomiting frequent; stomach seemed like an yeast-pot, filled with fermenting food and bile.

The treatment of this case was as follows: Ammonia sponge-baths; one teaspoonful to one pint of water, night and morning; hot water before each meal and on going to bed; a simple tonic before meals, and lactopeptine after meals. Beef was so repulsive that she was allowed milk, fresh and pure; not because she craved the milk, for *her appetite was against all food*, but for the simple reason before alluded to here, that it is easier to drink than to swallow solid food, and thus aliment can be got into the system because so easily and quickly swallowed. Solid food has to be masticated, and the bolus lubricated with the secretions of the parotid, sublingual, and buccal glands. This takes time, and gives opportunity for the nerve centres to set up a loathing and disgust, which it is hard in some cases to resist; indeed, is irresistible in others. But in swallowing milk, or beef-essence, or other liquid food, there is so little time spent that the patient gets the draught into the stomach before the appetite has opportunity

to rebel or recover from its surprise, so to speak. At any rate, this patient went as vigorously to work as she could, and soon got down milk, which was taken into the system, and so fed the nerve centres of digestion that it was not long before she had overcome the inhibition, and she was able to take beef-essence, and then the chopped beef, of which she consumed three pounds or more daily. Under this treatment the improvement was simply wonderful to herself and to all about her. The temperature became normal; the night-sweats disappeared; the cough and sputa nearly abated; there was no dyspnoea; sleep was good; strength returned; complexion cleared up; eyes brightened; step became elastic and firm, and everything betokened a good progress on the road to health, which she was to travel for over two years. She was high-spirited but poor, and for reasons connected with monetary affairs ceased to keep in close connection with her attendant physician, and there was an interval of a few weeks that she was out of my care, and, when looked up, was found to have taken cold, to have lost appetite, and to have been coaxed by relatives to eat starchy food and sugar, which of course fermented and made the stomach bilious, so that she ran down very rapidly. The lung fibres reappeared in the sputa; the aerial form of the vinegar-plant was also found in the sputa from the large cavity. Her eyes stood out, heart beat hard, fever came on, and everything was bad as ever. It seemed strange that one who had seen what eating against appetite had done for her might not have been rallied to the work again, but it was out of the question, and discouraging and disheartening in the

minds of those friends who thought it could not hurt her to give the food she craved, and who also fought the doctor and blamed him as the cause of relapse. It is wonderful how fixed and settled the opinions of the laity are in relation to the food of the sick. They go far ahead of any professional opinion. This would not be mentioned here, were it not necessary to insist on the importance of surrounding patients on diet with an atmosphere favorable to the plan laid out.

Remarks.—This was a desperate case, given over to die. Though not successful, it shows what a tremendous power food is for cure, when given *against the appetite* of the patient, but in accordance with the following principles: To cut off the supply of fermentative food; to give aliment that goes directly into the circulation; that when it gets there nourishes the whole body, particularly the nerve centres; that has been found to put the human system in a splendid condition; that is not digested in the small intestines; that takes the minimum of nerve force to digest; that gives least work to liver, kidneys, and intestines. All which, set *against* the simple fact of appetite, ought to convince the intellect of physician and patient of the mal-therapeutic value of food administered with the appetite and devoid of these advantages. This case also shows the inability of the plan proposed to cure all cases, which is not claimed, but it also shows that if this result can be had with a "green tree, what might be expected with the dry," when things are more favorable?

It is within the scope of our subject to consider those cases where the appetite is *not* against the diet, but longs for *forbidden things*.

This is not so strong a position as some of the cases given, but it is none the less practical because it is met with oftener and demands more attention of the physician from its very commonness. Cases of this kind are held under control by intellectual conviction and by the constant watch and care of the attendant. For this reason it is better that the patient understands *from the outset* that continuous care is needful; that the attendant must carefully watch the case right along; that the judgment of the condition for better or worse is not to be left to the patient wholly, though every means must be used to convince the patient of the subjective and objective signs of improvement; that there is progress slowly but surely in the right direction. In order to put things in the best shape the patient is taken into confidence and made to understand beforehand the reports of condition by inspection of person and specimens at least twice a week, and oftener if the patient desire, are necessary.

The object of this watch of the physician is to see if the patient eats forbidden things. This is done by the physical exploration of the *faeces*. Morphological examinations with a power of 400 diameters show the *faeces*, when patient lives on the plans, to be dark, homogeneous, granular, with here and there crystals of the triple phosphate of lime, soda, and magnesium—uric acid sometimes—embedded in the magma-like mass.

There are no form elements normally save those named. The *faeces* should look very much like a solid extract of a drug, taraxacum for example.

But if the patient has eaten off the diet the wander-

ing is usually in the direction of vegetables. This is quickly shown by the presence of the tegumentary and parenchymatous elements of the vegetables in question. For instance, if wheat has been eaten the teguments of any or all of the six coats, gluten cells, areolar tissue, starch, and starch bundles, one or all, will surely appear.

Again, if potatoes have been eaten the gubernacular tissues that lead from the "eyes" to the centre, the starch bundles (especially when the potato is boiled) with the contained starch grains all broken up, their identity destroyed and converted into a homogeneous mass, the pitted ducts, vascular bundles, and other morphological elements of the potato will appear.

If bananas have been eaten the clustered masses of starch grains will appear; if cranberries, the pigment cells of the skin will show; if greens, the spiral ducts in bundles will appear, etc., etc. With polarized light, under the microscope, unæsthetic fæces become the reverse. Since the various tissues elements are very nicely separated and dissected, and appear with wonderful beauty.

The morphology of fæces deserves a separate paper for its elucidation rather than this brief allusion, but it is the best means of proving whether the patients do or do not wander from their diet. To be proficient the physician should study the changes produced by digestion in different kinds of food. This he can easily do privately, without troubling any one else. The knowledge thus acquired is satisfactory and valuable. In order to make this clear the following method of this physical exploration is given:

Things to be had : 1, fæces ; 2, good microscope, one-half inch objective, one inch eye-piece, with cover glass, slide, and light ; 3, wooden toothpick ; 4, water ; 5, a pipette.

The fæces may be fresh or dried on a piece of white sized writing paper. If dry, wet with water for a half hour or more until soaked. Take a minute portion of the moist fæces, deposit on the centre of the slide, and run it into an even film ; if not moist enough use more water and rub into a thinner mass. The slide can be transferred to the stage of the microscope, if the microscope has a sufficient working distance ; if not, cover with cover glass and press the fæces into a uniform film so that light can be readily transmitted. It may be studied with or without the polariscope. The urine, as we have already said, is a test of the digestion, so that by means of the fæces and urine the physician can keep a close watch on the case.

CASE IX.—Miss B., school-teacher, thirty-eight years of age ; small in stature, pale, thin ; complains of cough, expectoration, night sweats, and a feeling of great prostration, which prevents her from walking and has obliged her to give up her profession. Case diagnosticated as consumption by previous attendants, with "nervous prostration." Physical exploration, on the writer's part, confirmed the diagnosis, only it was difficult to account for the neurosis, as there was so little disease in the lungs. A further exploration revealed hyperæsthesia of the vagina and uterus, with retroversion. This explained the nervous prostration and mental depression, which was such that the patient had lost all fear of death, and only hoped she would not be long dying. She came under my treatment simply to gratify her mother, but she ate her beef right *against her appetite*, and faithfully discharged her duty in the case. Iodoform removed the hyper-

esthesia, and she was then able to wear a Cutter stem pessary. After she had got well agoing her appetite was strong for forbidden foods, but she was able to restrain herself. Her cure proceeded well, to the great gratification of her friends; but not to others, if anything can be judged from the predictions of disaster and failure that were then uttered freely. There is no doubt of the effect of the uterine lesion in keeping the patient back, for when the hyperaesthesia was removed and the pessary applied the cough ceased almost immediately. Uterine complication in tuberculosis is a grave complication. But the great fact to be insisted on here is that food was continuously administered *against an appetite* that craved other food, but yet successfully resisted by a subject of good mental organization.

CASE X.—Where beef-essence was taken a sole aliment for a month, combined with enemata of the same. Taken *against the appetite*, followed by a return of appetite and a recovery. Mr. H. L. H., a small not robust man over sixty years of age, for many years had difficult digestion, caused by over-feeding of vegetable food, so that the stomach was distended, walls infiltrated and hardened, causing a fibroid condition of the organ. When I saw him he had been under treatment by Dr. S. with hot water, chopped beef diet, stomachic medicines, etc. He ran rapidly down under the treatment, vomiting often and severely; throat sore, and deglutition difficult; emaciation; weakness; some fever at times. He had fainting fits, and appeared so moribund that his wife thought he would die in her arms. His hands, feet, and legs were cold; circulation feeble; stomach distress great; mind clear and tractable. Under these circumstances he was placed in my care, and I found things as stated. Besides, there was complete dulness on percussion over the hepatic region; the abdomen empty; walls drawn toward spine, flat, hard, not tender. He took no food by the mouth, but milk by the rectum. He was given nitric acid sponge baths; one teaspoonful to one pint warm water night and morning; biniodide of mercury, 1-16 grain, was given twice a day; one grain of the sulphate of quinine was sprinkled once in two hours on the tongue, which was white and coated. Compress

of linen cloth wet in the nitric acid bath was placed over the hepatic region and kept there until the skin was red. Though the vomiting continued for a little time, the effect of the rectal aliment told. The administration of mercury was followed by a diminution of the liver dulness. Soon he was able to take some of the beef-essence by the mouth. Though he had *no appetite*, still he kept taking it, and by degrees increased it, till the essence of six pounds of beef was used daily by rectal and oral alimentation. Moving very carefully, the rectal administration was given up and the beef-essence continued by the mouth. The case slowly improved, the urine showing less and less reaction of bile, the dulness of the liver running abreast, with the exception of a few days—that is, the dulness diminished with the diminution in the urine. In the course of six weeks the appetite returned, former treatment was resumed, and he is now cured, 1887.

It is a case where, if the rule of giving food only *with* the appetite had been followed, the patient would probably have died, humanly speaking. It illustrates our subject. The appearance of the case suggested to the writer the idea of cancer of the liver, as everything about the case indicated a malignancy that the sequel proved to be illusory.

CASE XI.—Where food was administered against the appetite with therapeutical value, the patient not being seen for six months, relapse ensued. Difficulty in resuming old regime of eating against the appetite; therapeutical value so far.

The cases here given are all actual life-histories. There is no disposition to state things other than they are. It is rather designed to show the worst side as well as the best side in this effort. Indeed, in the conduct of all cases of food administered against the appetite, my position as physician has been to be *honest* and to tell the patient just what is the matter, good or bad. This course opens the way to a recep-

tion of what is stated afterwards, though I have found a case where the patient would not believe anything but the worst, and would say she was cheated when anything favorable was said. In this instance I was obliged to give up the case, for I saw I had not her confidence.

"Not only must the physician believe, but he must make the patient believe, the efficacy of the course." If the patient's confidence cannot be gained, the treatment had better be dropped at once.

In May, 1881, Mr. W., eighteen years old, came into my office; he was large and well built, wrapped in a shawl, and stooped over. His countenance was downcast and sober, and he looked much older than he was. His mother accompanied him, a fine, intelligent person, who did most of the talking. Physical exploration revealed dulness and crackling at the apex of the left lung, increased area, dulness and impulse over cardiac region; urine 1030, high colored, odorous; inelastic lung fibres in sputa; blood presented the morphology of consumption. He was put on a plan involving ammonia baths night and morning, a pint of hot water before each meal and on going to bed, beef roasted or broiled, and free from fat and fibre, clear tea and coffee, a tonic medicine made of simple vegetable bitters before meals, and lactopeptine after meals.

To the mother's constant watch and the care of the physician in examining excretions of the body was due the fact that this youth kept strictly on the diet, although it was at first entirely *against his appetite*. The result was that after several months of rigid drill he was pronounced by his adviser freed from his

signs and symptoms of disease, judged by physical exploration and instruments of precision. It was insisted that the treatment should be kept up, but the parents decidedly said that no more expense could be incurred, and that no one could say the case was not cured; so he was left with general directions, and strict advice to seek aid the moment there should be any signs of running down. He went on by himself for six months, when he came under my care again with all the old symptoms (except the cardiac) returned such as night-sweats, cough, expectoration, fever, emaciation, diarrhoea, palor. He was demoralized as to his appetite. It would seem that his previous experience went for naught. He plead for forbidden food. Indeed, but for this he would have reported sooner. It was a hard task to keep him down to his work of eating against his appetite. He would have bad symptoms, and would affirm that he had not eaten forbidden food. In this he was sustained by his parents, while the morphological examination proved the presence of the prohibited food in the fæces. There was a very sharp controversy on this, which became personal. The parents would not have the patient accused of lying, but the microscope was regarded more truthful than the patient. Only by suggesting that the said morphological elements of food might possibly be accounted for by a sojourn of some weeks in the intestines was peace obtained, and the case went on; the fæces were clear from foreign food, and he improved accordingly. However, the rules were not kept up. The patient gradually declined, and probably the parents, feeling that death was inevitable, gratified him in eating, though it was sure death, as it proved.

Remarks.—The moral of this is, never for monetary reasons or other reasons let go a case until it is a proper time to do so. The case should have been watched one year or more, and by that time the bad appetite could have been cured also. The patient would have lost all desire to eat beyond the normal limits of healthy feeding: it takes time to convert an appetite.

CASE XII., of rheumatism and dyspepsia, where a man ate against the appetite for several weeks and recovered. Mr. E. S. P., of Boston, tall, light complexion, began with three ounces daily of chopped beef and rebelled at this: it did not disagree, but it went very much against his appetite, and was fairly repugnant to his stomach for weeks. He lost in weight at first but soon regained, and to-day is a healthy, tough man doing two men's work.

CASE XIII.—Where food *taken against* the appetite improved the patient, who, yielding to cravings, ate and died. Miss H. C. O., consumptive, never ate a mouthful of food prescribed that she did not rebel against, but she improved so long as she kept to the diet and lost rapidly as soon as she gave up to the dictates of her tastes, and at last fell a victim to her appetite. She could not forego her cravings, and could not be persuaded but that *what she craved was what she needed*. Before death, however, and when it was too late, she saw her mistake, and realized that her desire was no guide to proper eating.

CASE XIV.—Where food was administered *against the appetite* and the patient received a permanent improvement, though it took severe discipline to do it. Mr. A. K., aged twenty years, consumptive, for several months never ate a mouthful that he did not rebel against it, and only by a severe discipline did he get himself where he was satisfied that cravings were no criterion to go by. He made a permanent improvement.

Remarks.—It would really be worth the while to enter upon the psychological side of our subject.

Man is made or unmade by passions and appetites. Sometimes passions are only appetites given loose rein. Beyond passion there are intellect and soul—those invisible essences in us that are eternal; the part of our nature that takes itself into judgment, that acts as if appetite and passion were things outside of the real man, the invisible, eternal man. This is clearly brought out in the case just related. Mr. K., by a course of severe mental discipline, schooled his bodily appetites to subjection: he kept them under; he ate against them; he ignored them. To do this he “put his whole soul” into the work. This mode of expression indicates an action like turning on a full head of steam when a loaded locomotive ascends a heavy grade. Mr. K.’s mind exerted itself against the resistance of appetite, inclination, desire—not outside of himself but inside of him, in his very ganglionic nerve centres of thought and involuntary life. The conflict of these invisible forces is terrible and more exhausting than any mere physical work done. Sometimes the appetite has the mastery, as in some of the foregoing cases. Sometimes the patient will eat and not know it; will discover the eating; will agree with the physician that such eating does harm; will do everything but refrain, and only be caught in the trespasses by the morphological examination of the fæces.

CASE XV.—Mr. H. was a case of this kind: epileptic, dyspeptic, and stinking with fetid vegetations in all his excretions. By great care on his part and his attendants he was brought into a better condition of physical signs and health. At times the fits would return, and the strictest inquiries made by me would not reveal any mal-eating, but the fæces would always show some vegetable fibre or tissue that was

forbidden. Remonstrated with he would not own that he had eaten anything, and would face down the morphological facts so strongly that it was clearly evident that he had eaten *without knowing of it!* The man was truthful, anxious to get well, talked sensibly, admitted he could see the utility of the plans demonstrated by his own history, and yet appetite would sway him away from his mental bearing so that, finally, and in spite of everything, he fell a victim to appetite. Perhaps the brain centres, in which the mind is supposed to reside, were weakened by the epileptiform convulsions, and perhaps this explained the diminished grasp of the intellect on the appetites.

While this might be true of this case it was not in another, where the patient ate forbidden things without knowing it and with no signs of epilepsy. The loss of intellectual hold over the appetite was due to a life of high living, in which every desire for food had been gratified, and the habit of gratification was so strong that it broke away from all intellectual restraints. This psychological condition was well shown by a lady (Case XVI.) of Jewish extraction, who was on diet. The details need not be related. The chopped beef and hot water were very repugnant to her, still she took it "like a major." "Does this mean the embodiment of military discipline?" as I remarked to her one day after she had plied me with requests for other food. "O!" said she, "we Jewish children are brought up to mind and to obey when ordered, and are not like other children who are allowed to be disobedient." I replied, "that this quality of obedience was a good trait for her, and that I had seen patients recover when the condition was very critical simply by obedience in treatment." From this it may be gathered that the psychological condition of mind, either natural or acquired, is a

great element of success in giving food against the appetite. Obedience to proper authority and restraint must be considered a virtue whose possession is a quality of the "fittest." Hence the law of evolution in medicine—"the survival of the fittest." I think, though, that devolution or evolution downwards is oftener seen in connection with the present subject. The tendency is certainly against the doctrines here treated. It is easier to eat wrongly than rightly in disease.

Those who have the virtue of intellectual control over appetite for food must be expected to do better in eating *against* appetite than those who lack such control, and this is just what we find practically the result of the applications. Those cases at the outset are regarded as best suited for the plans of feeding which possess intellects strong enough to direct appetite and passions. The mere possession of knowledge is not the thing necessary; will is needed that can act on the knowledge gained by a month's experience in feeding against the appetite.

These remarks show the breadth of a physician's domain. It is wider than drugs, food, means, and modes. It touches the profound, invisible domain of the human intellect and soul. No matter if set in a perfect body - like apples of gold in pictures of silver—and influenced by refined æstheticism, if the intellect and will do not govern the body, the body will govern them. If the body is ill fed it is harder to govern than if well fed. The opium-eater, the drunkard, and I think the excessive tobacco user, compelled to feed on the natural food of the human animal, would more likely become subject to intel-

lectual government and control. Indeed, opium-eaters and drunkards have been cured by food administered against the appetite continuously and without limit as to time. Perhaps as trying a situation as any in the conduct of a case is where the appetite has been gained and is lost again. This demoralizes the psychological condition of the patient. When this occurs two courses are open as to the food: not to eat the forbidden food, but (1) to drink nothing but hot water, regularly in time and quantity; or (2) to eat without the appetite, taking the water just the same. On examination the urine will probably be found cloudy, fetid, and showing a deposit of crystals, usually the carbonate of lime and triple phosphates or uric acid. The fæces will show undigested muscular fibres, sometimes in curled masses in twisted skeins, or in irregular, amber-like fragments with conchoidal fractures. It is the office of the physician to detect these deviations from health, and to correct them by suitable means so far as in his power. The liver should be treated, the digestion aided, and every assistance given nature to do her work. Here is the legitimate use of medicines, not to directly *cure*, but to stimulate the glands to their work, and to aid in the solution of food. The usual remedies for the liver may be used, among them the biniodide of mercury, 1-16 grain, one pill night and morning as thought proper. I have seen the above pills remove the hepatic dulness in one night. It can be used a long time without harm. Pepsin, lactopeptine, peptones, and Fairchild's pancreatine have been known to aid digestion. The effect of the medicine is immediately shown by

examination of the fæces. The undigested muscular fibres disappear and the mass becomes more homogeneous. Tonics can be given on the judgment of the physician. The fluid extracts, so well made at the present day, come in well; also the alkaloids or their salts at the will of the physician. The yerba santa, pyrus malus rad., lettuce, drosera rotundifoliis, chincona comp., cocoa, ginger, cypripedium spectabile, etc., may be mentioned as among favorite selections; quinine, strychnia, salicine, benzoate of soda, also.

It is possible, as in the very first case named, to cure with food *alone*, administered against the appetite, and in a certain proportion this will answer; but one can double his proportion of cures by giving vegetable tonics and other medicines. This advantage it is not best to lose. There may be some cases which need a great deal of medicine, and between those that need none there is every variation, affording a field for the therapeutic abilities of the medical adviser which he should not be slow to improve.

There has been of late a tendency to simplicity in medicine; but experience shows that a compound prescription will do the work when a simple one fails. This is rather off the general subject, but it must be mentioned to make the history complete. If, then, too much is not claimed for medicines, they are indispensable adjuvants. Their psychological action is also great in aiding the physician to hold his influence of the patient, to quiet the mind, to save worry—which are all legitimate ends to be gained. It is necessary to have the patient's nervous system as quiet as possible, so that the whole energies

can be devoted to getting well. Indeed, the set-backs occur often from some mental trouble or worriment that disturbs the patient. Let there be worry about maintenance, a wayward or sick son, a relative in disgrace, or grief from loss of prospects, of friends or influence, and such like—any one of these will tell on the digestion or mind. So, too, when the powers are overtaxed by work and worry combined, leaving but vital force enough to run the machine, so to speak.

CASE XVII.—Showing how a patient was started on her treatment when everything was vomited and there was no appetite for any kind of food, and showing the therapeutical value of food, administered *against the appetite*, in getting up an appetite—that is, in converting the situation from an appetite *against* to an appetite *for* food. Mrs. W., Boston, a tall, fair lady, mother of one son, nine years old, had been sick a year with copious expectoration, no blood, nausea and vomiting so excessive that at the time I saw her she had not taken any food of any account for fourteen days; not only because she loathed it, but because everything she took soured on her stomach. The situation was grave, as elastic and non-elastic lung fibres were found in the sputa; also mycoderma aceti in blood; dulness on percussion over liver; urine loaded with bile, 1030 specific gravity; epithelium of skin invaded with mycoderma aceti, etc. The patient was put on ammonia baths, night and morning, one pint of hot water one hour before each meal and at bedtime; food, beef-essence alone, though it was taken against her appetite. She was so weak that she took to her bed and went heroically on the plans, giving her whole soul and energies to the work. It became necessary to give her biniodide of mercury, 1-16 grain, night and morning. She was carefully watched as to the morphology of blood, fæces, sputa, skin, urine, and reports were made to her as whether they were good or bad. It should also be said that at the very outset she was unable to

understand the real nature of her case. The following letter, written one month after treatment was begun, shows well the psychological effect of the course pursued; how her soul was encouraged to fight against her appetite, not for the food she was eating, but for forbidden *articles of food*, which is just as bad. It should be said she had improved slowly but surely, and was longing for suitable weather to be out in.

“BOSTON, March —.

“DR. —: I was much encouraged by your letter and postal to-day. If things are working in the right direction I can keep up the denial for any length of time without a murmur. Took my first ride to-day, was out about half an hour, and though the exertion of dressing, etc., was considerable I think the change did me good.”

The point is, with a patient of this high morale, that the intellectual energy predominates over the appetite, so that if she perceived or could be made to perceive from physical exploration, not *dicta* alone, she was willing to deny her appetite. All can or will not do this. In such cases the battle is often given up though it seems sure death. Thus the love of the beautiful, as to appetite for food, is stronger than the fear of death.

This is seen in drunkards. They drink to gratify the appetite, and the gratification is so pleasant that they will lose everything worth having rather than drink against the appetite. Probably more victims are slain on the altar of this kind of æstheticism than of old were slain on the altar of Molech.

CASE XVIII.—Showing how irresistible longing and desire for *forbidden* food may be overcome by strategy. Mrs. C., under treatment for heart and uterine disease by Dr. —, was upon the strict diet of chopped beef. During the progress of her case she longed for ice-cream, which was off her

diet. She showed so much desire and longing that she was told to eat some, but to have what is called a spree, by eating all and more than she wanted. She did so. The longing was satisfied, and she could afterwards refrain without trouble.

So, also, children have been surfeited of candy, losing all taste therefor. In some classes of cases this procedure would have been dangerous, but here, with uterine and cardiac trouble, there was no danger.

This leads me to remark on the dangers of *surfeiting by beef, and how overcome*. Professional gentlemen have often mentioned this to me, and it is truly a most important practical matter in every-day practice ; hence at the risk of repetition we remark :

1st. By experiments made on healthy men eating single articles of food, with coffee and water for drink. It was found that beef was the only article of diet that can be lived on without surfeiting, and with splendid health. Sir Francis Head and Kit Carson, the famous Rocky Mountain trapper, indorse this. Hence a surfeit is less likely with beef than with any other article.

2d. When surfeit occurs hot water is the remedy. This is no new thing ; for John Locke uses the term "surfeit water," now become obsolete and rare, but which shows conclusively that water was used in Locke's time for this purpose. It acts by stimulating peristaltic movements downwards and facilitating the exit of food in excess. It also acts when taken regularly for days and months, one hour before meals and at bedtime, cleaning out the stomach and small intestines of fermentative matters, washing out the liver and kidneys, and so relieving these organs of incubus

that they digest more food than before and render a surfeit less probable.¹

3d. Patients are always told not to eat *beyond their* appetite ; if they obey this injunction surfeit does not occur.

4th. But a surfeit may come from the liver being out of order ; the kidneys and skin may also be out of order. This state of things will be detected by the secretions, requiring treatment according to established principles of medicine.

5th. Psychological phenomena may occasion a surfeit by using up either the nerve force of the system or that part belonging to the digestive organs. Looking at the human system as a machine run by nerve force it is possible to conceive the nerve forces portioned out, such a part to the brain, so much to the heart, lungs, liver, stomach, intestines, kidneys, etc. When each organ has its full share of nerve force they all can run and work well. But some organs appropriate force to the impoverishment of others. "The brain is a regular demon in stealing force from the liver, stomach, kidneys, and other organs." It will have its share, no matter what becomes of the rest. Trouble, grief, worry, disappointment, particularly when affecting those near and dear, are psychological phenomena which use nerve force very greedily.

CASE XIX. —Treated fourteen months, where the food was against the appetite. The narration will be given as nearly as Mrs. D., a widow of thirty years, spare, small, but lively and animated, gave it to the writer. "I was amongst the

¹ See *The Therapeutic Drinking of Hot Water: Its Origin and Use*. E. Cutter, M.D. 1883. New York: W. A. Kellogg.

last, my family having died of consumption. Dr. — was called in, and said the disease was so advanced that all he could do was to give ordinary remedies, and when I thought I needed him to send for him. He also advised my going South. When I went to Dr. B., another physician, I believed there was no cure for me, and would not believe anything he might say to the contrary. I had made up my mind to die, and I hoped it would soon be over. The going South was mentioned, and doctor said better not go, but try to get well here. I said that was what I wanted—to stay at home. I then had a long talk with him, and he said he wished I would try to see if I was not benefited in the course of three months. It was some time before I made up my mind, but when I did, it was settled to give the plans a fair trial for three months. But the thought of eating was horrible. I never could eat meat. When a child I would throw away my meat rather than eat it, and the sight of the blood was repulsive to my feelings. I however took my hot water, and ate my meat; literally forced it down, and almost retched it out from my stomach. This aversion has continued, and still continues, though not so bad as at first." I asked her how she was enabled to eat under such circumstances, and the answer revealed a state of mental firmness and determination which was the foundation of her success. She has filled out in form, keeps a diet boarding-house, works very hard, and appears as well as most any woman. The value of the food in this case is unmistakable, and she certainly furnishes a remarkable instance of heroism and perseverance like martyrdom. She showed that intellect and will predominated over the appetite.

Remarks.—The surroundings of this patient, her poverty and lack of friends, have probably been reasons why this case has not had the conversion of appetite generally seen in these cases. The freer the patients are from exhaustive nervous disturbances, domestic and otherwise, the better do they go on. The principle of this is plain, as has been hinted.

These hindrances use up force which should be expended on their recovery. For this reason patients are requested to move very carefully, cautiously, and evenly, and to carrying out all injunctions ; in these circumstances any depreciation of the signs and symptoms can be traced almost with the certainty of a mathematical demonstration as to its causes. It is wonderful what an accurately balanced machine the human body is, and how much work can be got out of it, if treated like a truck-horse, for example ; and also how sensitive it is to daily changes and influences.

So of the ganglionic nerve centres, or other parts of the body that make up the senses of hunger and thirst : if they for one year turn against a food, that common sense, experience, and observation show is a healthful food, then their protests must be disregarded. This lady said that, while she eats beef that is repulsive, she feels the strongest appetite for forbidden food, and as if she could clear a table of five meals at once, so that she has to fight not only against what she *does* but against what she *does not* eat. Her case appears the most remarkable one I have met with.

The Ariston, Broadway and Fifty-fifth sts.,
February 25th, 1887.

